24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Action Network	C C90011230
	O
Check if X 24-hour report 48-hour report New report Amends report fi	led on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Del Cielo Media LLC	03 08 2016
Mailing Address 1427 Leslie Avenue	
Suite 102	Amount
City State Zip Code	120910.00
Alexandria VA 22301	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	03
Name of Federal Candidate Support Of	ffice Sought: X House District: 15
John Shimkus Oppose	President Senate State: IL
	sbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
FP1 Strategies LLC	M M / D D / Y Y Y Y
Mailing Address P.O. Box 16504	03
	Amount
City State Zip Code	9575.00
Alexandria VA 22302	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M = M / D = D / Y = Y = Y
Media production Odlogory 004 Type	03 08 2016
Name of Federal Candidate Support O	ffice Sought: X House District: 15
John Shimkus Oppose	President Senate State: IL
	isbursement For: X Primary General
Per Election for Office Sought 160485.00 26	O16 Other (specify) Decirity
(a) SUBTOTAL of Itemized Independent Expenditures	130485.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Caleb Crosby [Electronically Filed] Date	03
Signature	